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# **PrEP School: A Proposal for Teaching about Pre-Exposure Prophylaxis in New Jersey**

## **Public Schools**

### **Introduction: A Plan for HIV Prevention that Combines PrEP Education with Social Consciousness**

Though HIV is an utterly global issue, the state of New Jersey in particular has a great interest in fighting it at the local level. Consider these alarming statistics: there were close to two thousand new HIV-positive diagnoses in New Jersey for the year 2015.<sup>1</sup> According to the Centers for Disease Control and Prevention, New Jersey has the highest out of four levels of risk for citizens' lifetime likelihood of HIV diagnosis, stating that if current trends continue, one in eighty-four people in the state will be told that they are HIV-positive at some point in their lifetimes.<sup>2</sup> According to a 2011 epidemiologic profile produced by Rutgers University, New Jersey "ranks fifth among forty-eight states with long-term named-based reporting in the rate of HIV infection among adults and adolescents in 2010 and third in the rate of adults and adolescents living with HIV in 2009."<sup>3</sup>

These figures demonstrate just how much of a stake New Jersey has in the struggle to eliminate new HIV infections. The state needs a more comprehensive plan to combat HIV, and that plan should come in the form of legislation that mandates teaching about pre-exposure prophylaxis in public schools.<sup>4</sup> Pre-exposure prophylaxis, or PrEP, as it is commonly known as, refers to the combination of antiretroviral drugs taken by an individual who does not have the

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<sup>1</sup> *New Jersey Highlights*, AIDSVU (Mar. 25, 2018, 2:15 PM), <https://aidsvu.org/state/new-jersey/>.

<sup>2</sup> *HIV in the United States by Geography*, (Mar. 25, 2018, 2:27 PM), CENTERS FOR DISEASE CONTROL AND PREVENTION, <https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html>.

<sup>3</sup> RUTGERS UNIVERSITY, NEW JERSEY HIV/AIDS EPIDEMIOLOGIC PROFILE 2 (2011), [http://hiv.rutgers.edu/wp-content/uploads/2016/05/Epi\\_Presentation\\_April\\_2012.pdf](http://hiv.rutgers.edu/wp-content/uploads/2016/05/Epi_Presentation_April_2012.pdf).

<sup>4</sup> hereinafter referred to as "PrEP"

HIV virus in order to lessen the chances that that individual will contract the virus.<sup>5</sup> In addition to mandatory PrEP education, a comprehensive plan to combat HIV should also include teaching about the stigma and historical injustices suffered by people living with HIV/AIDS from the outbreak of the epidemic onward.

In Part I of this note, general, contextual information will be given on two topics. The first is a brief timeline of some important events in the outbreak of AIDS in the U.S., including development of antiretroviral treatment and the response of Congress and the Presidents. The second is a short explanation of what PrEP is, how it works, and how effective it is.

Part II will give an analysis of why PrEP should be mandatorily taught in New Jersey public schools. This analysis will be broken up into several parts, explaining why there is a need for education regarding the drug, why this education should take place in school sexual education classes, and why the plan will work in New Jersey. Then, the analysis will shift to explain the benefit of also mandating school classes that teach students both about the stigma suffered by HIV-positive people and how to counteract the demeaning narrative regarding HIV/AIDS which has been all too prevalent in American discourse.

Finally, Part III will outline some specifics of what the proposed law would look like. A sketch of the law will include some substantive guidelines to the state's public schools on what exactly should be conveyed to the students about PrEP. Also, some materials will be suggested that could aid in the curricula during lessons about how to combat the stigma of the disease.

## **I. Background**

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<sup>5</sup> Jared M. Baeten, Jessica E. Haberer, Albert Y. Liu, and Nirupama Sista, *Pre-exposure Prophylaxis for HIV Prevention: Where Have we Been and Where are we Going?*, 63 JAIDS 122, 122 (2013) (discussing the effectiveness of PrEP).

### **A. How AIDS Destroys the Immune System**

HIV stands for human immunodeficiency virus, and when not treated, it leads to AIDS, or acquired immunodeficiency syndrome.<sup>6</sup> HIV and AIDS are used interchangeably in this note, because AIDS is simply the most advanced and severe phase of HIV.<sup>7</sup> The defining characteristic of the HIV virus is its destruction of the body's immune system, which is accomplished through attack of the body's T cells.<sup>8</sup> When T cells are compromised, the body has difficulty fighting off illness, which is why people with HIV/AIDS are at risk for rare diseases and why their bodies cannot fight off common infections as well as non-HIV positive people.<sup>9</sup>

HIV can only be transmitted through bodily fluids, specifically: blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk.<sup>10</sup> When the fluids of an HIV-positive person come into contact with another's mucous membrane or bloodstream, transmission of the virus occurs.<sup>11</sup> The most common ways it is passed from one person to another are through sexual behaviors and needle or syringe use.<sup>12</sup> Less commonly, the virus "can be spread from mother to child during pregnancy, birth, or breastfeeding."<sup>13</sup> Other methods of transmission include receiving blood from an HIV-contaminated supply, oral sex, and contact between broken skin or open wounds.<sup>14</sup>

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<sup>6</sup> *What Are HIV and AIDS?* (Mar. 25, 2018, 3:06 PM), HIV.GOV, <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids>.

<sup>7</sup> *Id.*

<sup>8</sup> *Id.*

<sup>9</sup> *Id.*

<sup>10</sup> *How is HIV Transmitted?* (Mar. 25, 2018, 3:11 PM), HIV.GOV, <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/how-is-hiv-transmitted>.

<sup>11</sup> *Id.*

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*

There are three stages of the HIV virus.<sup>15</sup> During the first, known as the acute HIV infection stage, the virus both uses the body's T cells to replicate and destroys those same T cells.<sup>16</sup> During the second stage, or the clinical latency stage, the virus is present in the body but does not manifest itself via symptoms.<sup>17</sup> If left untreated, the virus progresses to the third and final stage, AIDS, where the body's immune system is so badly damaged that it is vulnerable to a vast number of infections, both common and rare.<sup>18</sup>

There is no cure for HIV, so once a person contracts it, he has it for life.<sup>19</sup> However, when an HIV-positive person is treated with drugs called antiretrovirals, he can successfully prevent the virus from entering the AIDS stage.<sup>20</sup> Indeed, if one is diagnosed and treated soon after contracting HIV, that individual can have a lifespan only slightly shorter than that of an HIV-negative person.<sup>21</sup>

### **B. 'Gay Cancer': Confusion and Despair in the Early Days of the AIDS Epidemic**

In order to truly grasp why a more comprehensive educational plan to combat HIV is necessary in New Jersey, one must first look at the AIDS epidemic in its national context. After all, New Jersey, even with its unique health needs in terms of the virus, is part of a union in which no state was spared from this dastardly health crisis.

Scientists now believe that the virus that causes AIDS came from the Democratic Republic of the Congo, where it was originally transmitted from chimpanzees to humans in the

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<sup>15</sup> *What are HIV and AIDS, supra* note 6.

<sup>16</sup> *What are HIV and AIDS, supra* note 6.

<sup>17</sup> *What are HIV and AIDS, supra* note 6.

<sup>18</sup> *What are HIV and AIDS, supra* note 6.

<sup>19</sup> *What are HIV and AIDS, supra* note 6.

<sup>20</sup> *What are HIV and AIDS, supra* note 6.

<sup>21</sup> *What are HIV and AIDS, supra* note 6.

early twentieth century.<sup>22</sup> However, it did not become the epidemic it is now known as until the late 1970s, and arguably did not truly enter the public's consciousness until the early 1980s, when the death toll began to rise so high that many referred to it as "gay cancer."<sup>23</sup>

Many doctors in the United States were first alerted to the possibility of this new and deadly disease in 1981, when several young and healthy gay men came down with a rare lung infection called *Pneumocystis carinii* pneumonia.<sup>24</sup> Simultaneously, several gay men on both the east and west coasts were diagnosed with a rare and aggressive form of cancer known as Kaposi's Sarcoma.<sup>25</sup> What all these cases had in common was the sudden oncoming of severe immune deficiency, whereby a previously healthy person's body would become unable to fight off diseases that should not have posed a risk in the first place.<sup>26</sup> Unfortunately, the illusive question of why people became so ill because of compromised immune systems continued to persist in the first years of the crisis, even as more and more people lost their lives to the virus.<sup>27</sup>

A scene from the 2014 HBO film *The Normal Heart* poignantly captures the despair and utter confusion surrounding a disease still shrouded in mystery. One of the characters, part of a group of men trying to agree on how best to inform the gay community about AIDS, says to his colleagues:

Why can't they find the virus? I work all day writing for the city . . . I can't take it anymore. I've written about every single theory: repeated infection by a virus, new appearance by a dormant virus, a single virus, new virus, old virus, multi-virus, partial virus, latent virus, mutant virus. . . and we mustn't forget about fucking, and kissing, and blood, and voodoo, and drugs, and poppers, and needles, and Africa, Haiti, Cuba, blacks, amoebas, pigs. What if it isn't any of

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<sup>22</sup> *History of HIV and AIDS Overview* (Mar. 25, 2018, 3:20 PM), AVERT, <https://www.avert.org/professionals/history-hiv-aids/overview>.

<sup>23</sup> Joe Wright, *Remembering the Early Days of 'Gay Cancer'*, NPR (Mar. 25, 2018, 3:23 PM), <https://www.npr.org/templates/story/story.php?storyId=5391495>.

<sup>24</sup> *History of HIV and AIDS Overview*, *supra* note 22.

<sup>25</sup> *History of HIV and AIDS Overview*, *supra* note 22.

<sup>26</sup> *History of HIV and AIDS Overview*, *supra* note 22.

<sup>27</sup> *History of HIV and AIDS Overview*, *supra* note 22.

them? . . . Maybe it's predisposition or the theory of the herd. Maybe only so many of us are going to get it and then the pool is used up. What if it's monogamy? You and I could actually be worse off because of constant bombardment from a single source: our lovers. So maybe the guys who go to the baths have built up the best immunity. I don't know what to tell anybody anymore, and everybody asks me: "who's right?" I don't know. . . How can we tell people "stop?" . . . You really think the President . . . wants this to happen? You really think the CIA has unleashed germ warfare to kill off all the queers that Jerry Falwell doesn't want? . . . I used to love my country. . . I never used to believe . . . this. They're going to persecute us, they're going to cancel our health insurance. They're going to put us into camps; they're going to quarantine us.<sup>28</sup>

Despite the hysteria, perplexity, and ignorance regarding HIV/AIDS in the early 1980s, positive strides began to be made. For example, in 1984, the retrovirus HTLV-III (later renamed HIV) was presented to the American public by the National Cancer Institute as the cause of AIDS.<sup>29</sup> Then, pressured by the almost 8,000 infected people living in the U.S., in 1985 the U.S. Food and Drug Administration (FDA) approved a blood test to detect the virus, and blood banks all over the nation put measures in place to screen out HIV-positive blood.<sup>30</sup>

Two years later, major ground was broken when the FDA approved the first antiretroviral treatment drug for HIV.<sup>31</sup> Perhaps these medical breakthroughs and administrative decisions inspired Congress to pass legislation addressing the social crises attendant to AIDS, because in the early nineties, it passed the Americans with Disabilities Act (ADA), which prohibited discrimination for certain protected classes of citizens, including people living with HIV/AIDS.<sup>32</sup>

The early nineties also saw the introduction of the red ribbon as the definitive symbol of the fight against AIDS, and later in the decade, the FDA again approved new antiretroviral

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<sup>28</sup> THE NORMAL HEART (HBO 2014).

<sup>29</sup> *History of HIV and AIDS Overview*, *supra* note 22.

<sup>30</sup> *History of HIV and AIDS Overview*, *supra* note 22.

<sup>31</sup> *History of HIV and AIDS Overview*, *supra* note 22.

<sup>32</sup> *History of HIV and AIDS Overview*, *supra* note 22.

medications, this time for a combination of two drugs mixed into a single pill, streamlining a crucial and daily part of HIV treatment for those living with the virus.<sup>33</sup>

Despite the positive strides made toward combatting HIV/AIDS in the decades since it first came to the U.S., there have been a staggering amount of failures at the national level. For instance, in 1993 Congress overwhelmingly voted to keep intact a restriction that banned entry into the country by HIV-positive individuals.<sup>34</sup> While this restriction was eventually lifted, it remained in place for seventeen years.<sup>35</sup>

### **B. Presidential Responses to a National Health Crisis**

Along with Congress, the Presidents who served from the outbreak of AIDS onward also played vital roles in HIV treatment and prevention policymaking. Unfortunately, like Congress, Presidents have often been slow to act to combat spread of the virus. Even where action was taken, it often did not reach far enough in scope. For example, it is now a widely-shared opinion that the Reagan administration, which was in office during the very first days of the epidemic, did not do nearly enough to combat the virus or treat those who became infected with it.<sup>36</sup> The Washington Post concurs: “It’s no secret that Ronald Reagan’s response to the HIV/AIDS crisis left a blot on his presidential record; by the time he finally addressed the epidemic in earnest—in 1987—nearly 23,000 people had died of the disease.”<sup>37</sup> But the Reagan administration’s response was not just silence, it also involved, oddly and cruelly enough, treating AIDS as a sort of joke. Evidence of this exists in an exchange between journalist Lester Kinsolving and

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<sup>33</sup> *History of HIV and AIDS Overview*, *supra* note 22.

<sup>34</sup> *History of HIV and AIDS Overview*, *supra* note 22.

<sup>35</sup> *History of HIV and AIDS Overview*, *supra* note 22.

<sup>36</sup> Caitlin Gibson, *A Disturbing New Glimpse at the Reagan Administration’s Indifference to AIDS*, THE WASHINGTON POST, Dec. 1, 2015.

<sup>37</sup> *Id.*



Reagan's Press Secretary Larry Speakes.<sup>38</sup> During the conversation, Kinsolving asked Speakes if the President was "concerned" with the mounting AIDS health crisis, to which Speakes responded: "I haven't heard him express concern."<sup>39</sup> Again, the journalist asked: "is he (the President) going to do anything?"<sup>40</sup> "To this, the Press Secretary answered: "I have not heard him express anything. Sorry."<sup>41</sup>

Though Reagan has probably received the most flack for his response to AIDS, subsequent Presidents have also failed to fully address the many medical and social needs associated with the virus.<sup>42</sup> Nevertheless, they, together with Congress, made crucial and admirable strides to fight AIDS during the lives of their administrations. For example, President George Herbert Walker Bush signed into law the Ryan White CARE Act, which funds crucial services for medical treatment.<sup>43</sup> Ryan White was only twelve years old when he was diagnosed with HIV in December of 1984.<sup>44</sup> White was born with hemophilia, a rare disorder that requires injection of a certain protein found in blood as treatment.<sup>45</sup> At the time, blood donations were anonymous and pooled, which meant that the blood of HIV-positive people was mixed in with the supply of healthy blood.<sup>46</sup> As a result, doctors unknowingly injected their hemophiliac patients with contaminated blood, which is how Ryan White contracted the virus.<sup>47</sup> He and his

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<sup>38</sup> German Lopez, *The Reagan Administration's Unbelievable Response to the HIV/AIDS Epidemic*, VOX, (Mar. 25, 2018, 3:54 PM), <https://www.vox.com/2015/12/1/9828348/ronald-reagan-hiv-aids>.

<sup>39</sup> *Id.*

<sup>40</sup> *Id.*

<sup>41</sup> *Id.*

<sup>42</sup> *Thirty-Year AIDS Report Card: Which Presidents Make the Grade*, BLACK AIDS (Mar. 25, 2018, 4:05 PM), [https://blackdoctor.org/3795/30-year-aids-report-card-which-presidents-make-the-grade\\_\\_trashed/](https://blackdoctor.org/3795/30-year-aids-report-card-which-presidents-make-the-grade__trashed/).

<sup>43</sup> *Id.*

<sup>44</sup> Howard Markel, *Remembering Ryan White, the Teen who Fought Against the Stigma of AIDS*, PBS (Mar. 25, 2018, 4:14 PM), <https://www.pbs.org/newshour/health/remembering-ryan-white-the-teen-who-fought-against-the-stigma-of-aids>.

<sup>45</sup> *Id.*

<sup>46</sup> *Id.*

<sup>47</sup> *Id.*

family were subjected to such discrimination that Ryan became a vocal advocate and spokesman for victims of AIDS.<sup>48</sup>

Just a few months after he succumbed to his illness, Congress passed and the President signed into law The Ryan White CARE Act, which remains one of the most prominent pieces of legislation to combat HIV/AIDS today.<sup>49</sup> It helps those living with HIV who are uninsured or underinsured by providing both medical care and secondary support services.<sup>50</sup> This means that low-income people can receive life-saving drugs that they would not have otherwise been able to afford.<sup>51</sup> Plus, the program funds clinical training for health care professionals who treat HIV-positive patients.<sup>52</sup> Therefore, with the passage of the Ryan White CARE Act, President George H.W. Bush took a historic step forward in national AIDS policy.

As time marched on and the nation elected President Bill Clinton, the fight against AIDS seemed to gain ground as a top national priority when he supported the creation of the Minority AIDS Initiative and approved funding increases for the implementation of the Ryan White CARE Act.<sup>53</sup> After Clinton's tenure, President George Bush created the President's Emergency Plan for AIDS Relief, known as PEPFAR.<sup>54</sup> Many consider this program to be a shining achievement of the Bush administration, as it has provided over eleven million people around the world with desperately-needed antiretroviral drugs.<sup>55</sup> One international health policy expert has

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<sup>48</sup> *Id.*

<sup>49</sup> *Id.*

<sup>50</sup> *About the Ryan White HIV/AIDS Program*, HRSA (Mar. 25, 2018, 4:19 PM), <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program>.

<sup>51</sup> *Id.*

<sup>52</sup> *Id.*

<sup>53</sup> *Thirty-Year AIDS Report Card: Which Presidents Make the Grade*, *supra* note 44.

<sup>54</sup> Ed Yong, *Tragedy Would Unfold If Trump Cancels Bush's AIDS Program*, THE ATLANTIC (Mar. 25, 2018, 4:53 PM), <https://www.theatlantic.com/science/archive/2017/01/why-trump-must-keep-bushs-incredible-aids-program/513245/>.

<sup>55</sup> *Id.*

said that PEPFAR “has saved an incredible number of lives in the past decade.”<sup>56</sup> However, as successful as PEPFAR is, it is of little benefit to HIV-positive people in the U.S., because it only provides relief to other countries, mostly in Africa and Asia.<sup>57</sup> And despite President Bush’s enthusiasm for fighting global AIDS, he has drawn criticism for his perceived unwillingness to deal proactively with national issues, such as waiting lists for AIDS drug assistance programs and favoring abstinence-only sexual education.<sup>58</sup>

The Presidency of Barack Obama saw some gains in this area, as he decided to lift the HIV immigration ban and revitalized the Office of National AIDS Policy.<sup>59</sup> However, he has drawn criticism from activists for not making any funding increases to the Minority AIDS Initiative.<sup>60</sup> This brings the discussion to the current President, Donald Trump. In January of this year, President Trump made the decision to fire all sixteen members of his HIV/AIDS advisory panel, and has yet to replace them.<sup>61</sup> He has also not selected a new director for the White House Office of National AIDS Policy.<sup>62</sup> And his 2018 budget proposal calls for a \$186.1 million cut to funds disbursed to the Center for Disease Control for HIV screening and prevention.<sup>63</sup> This proposed fiscal cut combined with the failure to appoint key positions has led to fear that under Trump, the nation’s HIV/AIDS policy will regress.<sup>64</sup> As one former advisory council member

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<sup>56</sup> *Id.*

<sup>57</sup> *Where We Work* (Mar. 25, 2018, 5:04 PM), PEPFAR, <https://www.pepfar.gov/countries/>.

<sup>58</sup> *Id.*

<sup>59</sup> *Id.*

<sup>60</sup> *Id.*

<sup>61</sup> Brianna Ehley, *Trump’s Firing Sets Back AIDS Prevention Efforts*, POLITICO (Mar. 26, 2018, 6:45 pm), <https://www.politico.com/story/2018/01/03/trump-aids-panel-public-health-262909>.

<sup>62</sup> *Id.*

<sup>63</sup> *Id.*

<sup>64</sup> *Id.*

put it, the President's unwillingness to lead on this issue "will mean a decrease in funding for important services, fewer people getting tested, and more people going without care."<sup>65</sup>

Even this brief analysis of some of the highlights and setbacks of public policy from the dawn of the AIDS epidemic to now shows that levels of HIV/AIDS consciousness and prevention have waxed and waned. Though many positive strides have been made, the national government has left quite a few gaps, which shows, among other things, how badly action is needed at the state level.

### **C. A Revolution in Prevention: How PrEP Works**

While the national politics of HIV prevention demonstrate the need for firm state commitment to tackling the issue, it is also helpful to this analysis to know a bit about how PrEP works. PrEP, sold under the name Truvada, is a single pill taken once daily by high-risk but HIV-negative people in order to prevent transmission.<sup>66</sup> The drug works to stop the spread of HIV throughout the body by blocking the virus' ability to multiply.<sup>67</sup> Independent medical studies have shown a strong relationship between taking PrEP and reduction in HIV contraction.<sup>68</sup> What is more, the drug combination is generally safe.<sup>69</sup> Based on several trial studies, the National Institutes of Health report that the most prevalent side effect in PrEP-takers is mild nausea, which was only present in a minority of subjects.<sup>70</sup> While PrEP can reduce bone

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<sup>65</sup> *Id.*

<sup>66</sup> *What is PrEP and How it Works* (Mar. 26, 2018, 6:50 PM), CDC, <https://www.cdc.gov/hiv/basics/prep.html>.

<sup>67</sup> *Id.*

<sup>68</sup> Baeten, *supra* note 5, at 3.

<sup>69</sup> Baeten, *supra* note 5, at 3.

<sup>70</sup> Baeten, *supra* note 5, at 3.

density, this reduction is not associated with increased risk of bone fracture.<sup>71</sup> And bodily resistance to the antiretrovirals remains rare.<sup>72</sup>

Taking the drug inconsistently renders it virtually ineffective, but when taken daily, it has yielded impressive and promising results: generally, the drug has been shown to reduce the risk of HIV infection by sexual contact by a staggering ninety percent.<sup>73</sup> More specifically, among injection drug users, it decreases risk by over seventy percent.<sup>74</sup> These hopeful statistics reveal that PrEP is the kind of game-changing medication that could radically reduce new HIV infections in the United States, if enough people use the drug, which doctors recommend for people who are in a sexual relationship with an HIV-positive partner, men who are in a non-monogamous sexual relationship with other men, and injection drug users who share needles.<sup>75</sup>

## **II. Analysis**

### **A. Confusion and Misinformation about PrEP Abound, Dictating a Need for PrEP Education**

The primary reason why it is so crucial for more people to know about PrEP is because it is incredibly and reliably effective.<sup>76</sup> Though affordable medical treatment and support services for HIV-positive individuals are crucial, they will not bring about the eradication of the virus. The only way to do that is to contain the spread of HIV—to prevent new infections. This is exactly what PrEP does.<sup>77</sup> And while it may not be one hundred percent effective, it has yielded

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<sup>71</sup> Baeten, *supra* note 5, at 3.

<sup>72</sup> Baeten, *supra* note 5, at 3.

<sup>73</sup> Baeten, *supra* note 5, at 3.

<sup>74</sup> *What is PrEP and How it Works*, *supra* note 68.

<sup>75</sup> *What is PrEP and How it Works*, *supra* note 68.

<sup>76</sup> *What is PrEP and How it Works*, *supra* note 68.

<sup>77</sup> *What is PrEP and How it Works*, *supra* note 68.

results in which more and more people at risk for the virus stay negative.<sup>78</sup> Education about the drug will presumably allow more widespread use of it, which will in turn reduce new HIV infections.

Besides the obvious reason that PrEP will decrease the number of new HIV infections among New Jersey citizens, education is needed to dispel the confusion and myths surrounding the drug, as well. Consider a study published by *Implementation Science*, analyzing the knowledge of and reactions to PrEP among men who have sex with men and male-to-female transgender women.<sup>79</sup> Researchers conducted a series of interviews with a sampling of individuals from these groups in order to assess how they “understand the issues posed by PrEP.”<sup>80</sup> The results of the study showed that “community members are unaware and/or unknowledgeable” about the medication.<sup>81</sup> When asked about it, an alarming number of participants responded with statements like “I do not know what PrEP is,” and “I have no knowledge of that.”<sup>82</sup> Among those who expressed these sentiments, many did not believe that PrEP actually works, and some did not even believe that it exists.<sup>83</sup>

Furthermore, even for those interviewees who had heard of the drug beforehand, much of the information they communicated was inaccurate.<sup>84</sup> Notably, PrEP was often confused with

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<sup>78</sup> *What is PrEP and How it Works*, *supra* note 68.

<sup>79</sup> Gabriel R. Galindo et al., *Community Member Perspectives from Transgender Women and Men who Have Sex with Men on Pre-exposure Prophylaxis as an HIV Prevention Strategy*, 7 *Implementation Science* 116, 118 (2012) (discussing PrEP knowledge of men who have sex with men).

<sup>80</sup> *Id.* at 121.

<sup>81</sup> *Id.*

<sup>82</sup> *Id.*

<sup>83</sup> *Id.* at 122.

<sup>84</sup> *Id.* at 121.

PeP, or post-exposure prophylaxis, which is not surprising because of the similarity between the two names.<sup>85</sup>

But despite the misinformation circulating among two of the most at-risk groups for HIV, many individuals did express interest in using the drug, pointing out that “anything to help reduce HIV transmission is a good thing.”<sup>86</sup> This shows that there is a market for PrEP, if only accurate information could be conveyed about how effective it is to the people who need it the most.

While misinformation or lack of information about PrEP is one reason why education is needed, another is the misperception that the drug is a magical fix for all STDs. Research on the subject of whether PrEP users contract more STDs than their non-PrEP using counterparts is still scant.<sup>87</sup> And what complicates the issue even more is the difficulty of obtaining accurate research, since PrEP users are sometimes people who engage in risky sexual practices in the first place.<sup>88</sup> Despite this, though, there is credible evidence that many who adhere to a PrEP regimen are developing higher rates of other sexually transmitted infections.<sup>89</sup> For example, in a study of approximately one thousand PrEP users, chlamydia and rectal chlamydia increased from sixteen percent to twenty-two percent, and from fifteen percent to nineteen percent, respectively.<sup>90</sup>

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<sup>85</sup> Gabriel R. Galindo et al., *Community Member Perspectives from Transgender Women and Men who Have Sex with Men on Pre-exposure Prophylaxis as an HIV Prevention Strategy*, 7 *Implementation Science* 116, 121 (2012) (discussing PrEP knowledge of men who have sex with men).

<sup>86</sup> *Id.*

<sup>87</sup> *What's Up with PrEP and STIs* (Mar. 26, 2018, 7:24 PM), PROJECT INFORM, [www.projectinform.org/news/croi-2017-whats-up-with-prep-and-stis/](http://www.projectinform.org/news/croi-2017-whats-up-with-prep-and-stis/).

<sup>88</sup> *Id.*

<sup>89</sup> Noah Kojima, *Pre-Exposure Prophylaxis for HIV Infection and New Sexually Transmitted Infections Among Men who Have Sex With Men*, 30 *AIDS* 2251, 2251 (2016) (discussing STI rates among men who have sex with men and are taking PrEP).

<sup>90</sup> *What's Up with PrEP and STIs*, *supra* note 89.

However, it should be noted that incidences of “gonorrhea and rectal gonorrhea stayed the same and early and early-latent syphilis decreased by nearly half.”<sup>91</sup>

In one meta-analysis, researchers compared male PrEP users who have sex with men to their counterparts who do not use PrEP.<sup>92</sup> They found that the PrEP users were twenty-five times more likely to acquire gonorrhea, eleven times more likely to acquire chlamydia, and forty-four times more likely to acquire syphilis.<sup>93</sup> So, while the connection between use of PrEP and increased diagnosis of an STI is tenuous, at best, it is still worth using education about the drug to make sure that potential users do not think that the medicine is preventative for anything other than HIV.

### **B. Why There is a Need for PrEP Education in Schools**

One might recognize the need for educating the public about PrEP but believe that such education is better suited to medical professionals in a clinical setting. While a doctor’s expertise is helpful, there are several compelling reasons why teenagers should be taught about the preventative medication during school sex education classes.

First, a significant portion of new HIV infections in New Jersey are adolescents.<sup>94</sup> According to one 2015 report, HIV diagnoses of males and females ages thirteen through nineteen accounted for 1,294 of new cases as of June 30, 2015.<sup>95</sup> And while it is true that the number of adolescents being diagnosed is significantly less than the number of adults being diagnosed, it is also true that young people in the state are becoming infected with the virus by

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<sup>91</sup> *Id.*

<sup>92</sup> Noah Kojima, *supra* note 91, at 2251.

<sup>93</sup> Noah Kojima, *supra* note 91, at 2251.

<sup>94</sup> NEW JERSEY DEPARTMENT OF HEALTH, NEW JERSEY HIV/AIDS REPORT 3 (2015), <http://www.nj.gov/health/hivstdtb/documents/newsletter/semi0615.pdf>.

<sup>95</sup> *Id.*



the thousands.<sup>96</sup> This points to the need for early intervention. Public schools need to include PrEP as part of the sexual education curriculum because they can impart this potentially life-saving information to children before they start engaging in risky sexual behavior.

Similarly, having adolescents learn about PrEP at school makes sense because it would ensure that information about the drug is actually reaching them. The discussions that go along with HIV can be uncomfortable and nerve-wracking for many young people, who do not tend to enjoy talking about sex with authority figures, and who are often blissfully unaware of their own mortality. And while teens would still eventually have to speak with their doctor if they decide they might be a candidate for PrEP, providing information about it in school would provide a buffer, where most students in New Jersey could learn about the medicine without having to ask about it first. At the very least, then, the state's adolescents would be given accurate information without prompting, which would in turn arm them with the knowledge they need to take to their physicians in discussing the medication further.

Another reason why information about PrEP should be taught in schools is because even if a portion of adolescents are theoretically comfortable asking their doctors about it, research still suggests that teens do not visit the doctor often enough. A study by HealthPartners Research Foundation found that many adolescents do not even go for their routine annual physicals.<sup>97</sup> In one state, 100,000 out of 300,000 teens studied “did not even go to one routine checkup between the ages of thirteen and seventeen.”<sup>98</sup> This data is of particular concern to healthcare

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<sup>96</sup> *Id.*

<sup>97</sup> *Many Teens Don't Get Regular Checkups, Study Says* (Mar. 29, 2018, 8:30 AM), ABC NEWS, <http://abcnews.go.com/Health/Wellness/teens-regular-checkups-study/story?id=12089625>.

<sup>98</sup> *Id.*

professionals, who say that adolescents often have high health risks related to alcohol and substance abuse and sexual activity.<sup>99</sup>

And while this particular study did not factor in the participants' access to healthcare, the reality of expecting teens to get information about PrEP solely from their doctors becomes staggeringly less feasible when one looks at the glaring disparities present in minority citizens' access to healthcare, as opposed to their white counterparts.<sup>100</sup> This is important to consider, because the New Jersey State Health Assessment's data indicates that black and Hispanic people are consistently diagnosed with the virus in greater amounts than whites.<sup>101</sup> For instance, per a population of 100,000, in the year 2011, 5.4 whites, 60.5 blacks, and 27.0 Hispanics tested HIV-positive.<sup>102</sup> For the year 2012, it was 5.9 whites, 64.7 blacks, and 29.9 Hispanics. And for the most recent year that data is available, 2014, for every 100,000 people in the state, 3.0 whites, 47.3 blacks, and 23.2 Hispanics got the virus.<sup>103</sup> These figures indicate, without a doubt, that HIV is of particular concern to citizens of minority races, who tend to have less access to healthcare than their white counterparts.

According to the organization "Advocates for Youth," "adolescents and young adults have less access to health care than any other age group."<sup>104</sup> Teens and young adults, especially those of color, face serious barriers related to sexual and reproductive health care—barriers that

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<sup>99</sup> *Id.*

<sup>100</sup> Tamarah Moss, *Barriers to Healthcare for Youth of Color*, 15 TRANSITIONS: SERVING YOUTH OF COLOR 1 (2004) (discussing how minorities have less access to health care than their white counterparts), <http://www.advocatesforyouth.org/publications/publications-a-z/705-barriers-to-health-care-for-youth-of-color>.

<sup>101</sup> NEW JERSEY DEPARTMENT OF HEALTH, NEW JERSEY STATE HEALTH ASSESSMENT DATA 2 (2014), <https://www26.state.nj.us/doh-shad/indicator/view/HIVTransmission.Trend.html>.

<sup>102</sup> *Id.*

<sup>103</sup> *Id.*

<sup>104</sup> Moss, *supra* note 102, at 2.

may severely limit their ability to avoid . . . STIs, including HIV.”<sup>105</sup> These barriers include patients’ lack of English language knowledge and lack of cultural knowledge.<sup>106</sup>

It can be both counterintuitive and uncomfortable to suggest that doctors and healthcare professionals are not always the best source to convey all relevant information about PrEP to those most at risk for HIV/AIDS. But the fact of the matter is that even for those youths of color who have equal access to healthcare, there still exists a mistrust of the mainstream American healthcare regime due to past injustices suffered.<sup>107</sup> To illustrate, Advocates for Youth cites the Tuskegee syphilis study as the reason for many black Americans’ fear that the medical community has insidious intentions.<sup>108</sup> Another study confirms this mistrust for the health care system among people of color, stating that some participants in a study about knowledge of PrEP reported a distrust of medical systems.<sup>109</sup> One African-American interviewee stated: “Friends of mine, who are—especially African-American men, who are suspicious of clinical trials . . . so there are always issues about the Tuskegee syphilis trials, and there’s always this suspicion, especially among a lot of Black people I know, that these trials are just hidden ways of genocide, and things like that—and they don’t feel comfortable. I’m talking from the transgender thing, the transgender girls said they’re not comfortable with the way [providers] look at them or treat them . . . And that’s sad.”<sup>110</sup>

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<sup>105</sup> Moss, *supra* note 102, at 2.

<sup>106</sup> Moss, *supra* note 102, at 2.

<sup>107</sup> Moss, *supra* note 102, at 2.

<sup>108</sup> Moss, *supra* note 102, at 2.

<sup>109</sup> Gabriel R. Galindo et al., *Community Member Perspectives from Transgender Women and Men who have Sex with Men on Pre-Exposure Prophylaxis as an HIV Prevention Strategy: Implications for Implementation*, 7 IMPLEMENTATION SCIENCE 116, 120 (2012) (discussing how well individuals of certain demographics understand PrEP).

<sup>110</sup> *Id.*

These articles and studies reveal that the people who are at greater risk for HIV—people of color—are often provided unequal access to healthcare, and/or harbor a distrust for mainstream medicine. This distrust not only stems from past wrongs, but from a perceived negative judgement when it comes to PrEP.<sup>111</sup> For example, in one article published by an advocacy organization, a PrEP user, a twenty-five year old gay man, voices his frustration at his doctor's automatic assumption that he must be promiscuous if he is taking Truvada.<sup>112</sup> Also, one doctor who works with an AIDS organization in Atlanta, Georgia has confirmed that some doctors are surprisingly unknowledgeable about the drug.<sup>113</sup>

All this is not to say that doctors and other healthcare professionals do not play a vital—in fact, a singular—role in administering PrEP to patients. Quite the opposite is true. However, they should not be the only people to carry out education about the preventative drug. And while the notion that a medical setting is not always the best, most practical, or most culturally sensitive place for teens to learn about PrEP is one reason why public schools need to do more, there are still others to be explored. The classroom is a wise choice for the setting of PrEP education for several other reasons besides those just set forth.

In the 2013 New Jersey Student Health Survey about sexual behavior, it was reported that among the state's adolescents, thirty-nine (39) percent had engaged in sexual intercourse at some point in their lifetimes, and twenty-nine (29) percent did so within the past three months.<sup>114</sup> This study also found that out of all students who had had recent sexual intercourse, only three in five

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<sup>111</sup> Jim Burrell-Wabe, *'Truvada Whore' Stigma Endures Among Doctors and LGBTs* (Mar. 29, 2018, 12:59 PM), ADVOCATE, <https://www.advocate.com/health/2014/08/11/truvada-whore-stigma-endures-among-doctors-and-lgbts>.

<sup>112</sup> *Id.* at 3.

<sup>113</sup> *Id.*

<sup>114</sup> NEW JERSEY DEPARTMENT OF EDUCATION, NEW JERSEY STUDENT HEALTH SURVEY 2 (2013).

(59%) had used a condom.<sup>115</sup> Nationally, people ages twenty to twenty-nine “now account for twenty percent of all cases reported.”<sup>116</sup> And according to the Centers for Disease Control and Prevention, many of them contracted the virus as adolescents.<sup>117</sup> Because of this, many people who work and conduct research in the field of HIV/AIDS have opined: “With education as the only ‘cure’ for AIDS, . . . HIV/AIDS education is essential for all students and imperative for those in middle/junior high school and up.”<sup>118</sup>

And besides the fact that adolescents are engaging in conduct that could put them at risk for HIV, public schools need to include PrEP education as part of the curriculum, because the enormous part the school plays in the lives of adolescents. To elaborate, for approximately six hours a day for four years between the ninth and twelfth grades, the teachers and administrators of the school are responsible for ensuring the safety of the youths entrusted to them in the absence of those youths’ parents/guardians. The task of ensuring safety should certainly include doing whatever feasible to make children aware of preventative, potentially life-saving medication, i.e. PrEP. Furthermore, the school itself is a social institution on par with the family in its ability to socialize those who walk its hallways. This means that it has the possibility to make a sizeable impact upon the number of adolescents at risk for HIV who choose to use PrEP, which in turn will help lower HIV infection among young people in New Jersey.

Although the school as an institution wields enormous power to shape the way teenagers think about HIV prevention, some may be concerned with parents’ reactions to a curriculum that teaches about PrEP. After all, HIV, because of the way it is often transmitted, can prove a

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<sup>115</sup> *Id.*

<sup>116</sup> Robenstine Clark, *HIV/AIDS Education for Adolescents: School Policy and Practice*, 67 CLEARING HOUSE 229, 229 (1994) (discussing how schools can teach children effectively how to prevent contracting HIV).

<sup>117</sup> *Id.*

<sup>118</sup> *Id.*

controversial subject for more conservative members of the community. However, according to one article that compared sexual education curricula across states, many parents and students actually want a more comprehensive sex education program.<sup>119</sup> For example, a survey of approximately 1,500 parents and students “found that many parents are disappointed with the limited scope” of what is already being taught at schools.<sup>120</sup> Also tellingly, eighty-four percent of parents who responded to the survey wanted contraception education for their children, eighty percent of parents would like their children to learn about abortion, and seventy-five percent want the curriculum to cover homosexuality.<sup>121</sup> Therefore, it seems as though parents are quite open to their children’s schools teaching a more comprehensive sex education program, which includes information about preventative measures like birth control. This suggests that teaching about the preventative measure PrEP will not be met with the kind of controversy that one might at first glance think.

### **C. Why PrEP Education is Needed in New Jersey Schools: The Gap in Sex Education**

Data compiled by the New Jersey Department of Education (NJDOE) shows that middle and high school health teachers are not talking about PrEP in the classroom.<sup>122</sup> Instruction on HIV prevention is given, but it encompasses education about proper condom use, avoiding sex with multiple partners, and risks associated with needle-sharing.<sup>123</sup> And though educators and

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<sup>119</sup> Rachel Kane, *Sexuality and HIV/AIDS Education*, 2 Geo. J. Gender & L. 509, 517 (2001) (discussing the substantive content of sex education in different states across the country).

<sup>120</sup> *Id.*

<sup>121</sup> *Id.* at 517-518.

<sup>122</sup> David K. Lohrmann et al., *Evaluation of School-based HIV Prevention Education Programs in New Jersey*, 71 JOURNAL OF SCHOOL HEALTH 207, 209 (2001) (discussing whether New Jersey teachers are following curriculum guidelines when teaching HIV prevention).

<sup>123</sup> *Id.*

administrators have led HIV-education in schools, there is reason to believe that PrEP will not be discussed in the classroom without the law requiring it. When asked about future curricula goals, 86% of teachers expressed a desire for earlier stress on abstinence and 53% wanted their students to be more familiar with proper condom use.<sup>124</sup> This is not surprising given that PrEP is a drug that most people are probably not familiar with unless they are active in HIV/AIDS advocacy, in the medical field, or are at a higher risk for HIV themselves. Therefore, the move toward teaching PrEP within health classrooms must come through legislation.

#### **D. Why PrEP Education is Feasible in New Jersey Public Schools**

The need for PrEP education in New Jersey schools has been explained at length, but that need means nothing without feasibility. As will be explained, a plan that includes mandatory information about PrEP as part of sex education is workable in this state for several reasons.

Firstly, New Jersey has already shown a commitment to fighting HIV/AIDS through legislation. For example, just last year the state enacted an HIV Prevention and Education grant of \$17,600,000, no small number.<sup>125</sup> Also, New Jersey participates in the Ryan White Program, which is a national program that disburses funds to states and municipalities mainly in order for them to provide treatment and support services for those living with HIV/AIDS.<sup>126</sup> Specifically, the money goes toward AIDS Drug Assistance Programs, pharmaceutical assistance, cost-assistance for low-income people, home care and hospice, nutrition therapy, mental health services, and substance abuse rehabilitation.<sup>127</sup>

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<sup>124</sup> *Id.* at 210.

<sup>125</sup> 2016 Bill Text NJ A.B. 5000.

<sup>126</sup> *About the Ryan White HIV/AIDS Program, supra* note 52.

<sup>127</sup> *About the Ryan White HIV/AIDS Program, supra* note 52.

Besides allocating a budget for HIV prevention in the millions and utilizing money from the federal government for AIDS treatment, New Jersey has also demonstrated its legislative commitment to the issue by already mandating that HIV prevention be taught in public schools.<sup>128</sup> The text provides:

Instructional programs on the nature and prevention of HIV/AIDS shall be taught in each public school and in each grade in a manner adapted to the age and understanding of the pupils. The programs shall be . . . included in the curriculum for each grade in such a manner as to provide a thorough and comprehensive treatment of the subject.<sup>129</sup>

This final sentence is especially significant, because it states that the state legislature wants the material about HIV information and prevention to be “comprehensive” and “thorough,” which it simply cannot be without information about a drug that has been proven effective in preventing the virus—a drug that is the closest thing we now have to an HIV vaccine.<sup>130</sup> New Jersey already mandates that HIV prevention be taught during sexual education in public schools, which means that mandatory teaching about PrEP will not be too far of a leap for a state that already has a reputation a “national leader” in this arena.<sup>131</sup>

Finally, PrEP education is feasible in the state, because the opt-out provision for sex education already codified in New Jersey law would still apply.<sup>132</sup> The law provides:

A student enrolled in a public institution of higher education may be obligated to fulfill certain class requirements in health, family life education, or sexual education which are in conflict with the student’s conscience or sincerely held moral or religious beliefs. This bill excuses a student of a public institution of higher education which requires the fulfillment of those classes, and which does not authorize substitutions for those

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<sup>128</sup> N.J.S.A. 18A:35-4.19 et seq.

<sup>129</sup> *Id.*

<sup>130</sup> *Id.*

<sup>131</sup> *Sex and HIV Education* (Mar. 28, 2018, 8:05 PM), GUTTMACHER INSTITUTE.

<sup>132</sup> N.J.S.A. 18A:35-4.7.



classes, may present to that institution or to the appropriate school official a signed statement that any part of the instruction in those classes is in conflict with the student's conscience or sincerely held moral or religious beliefs and shall be excused for that portion of the class where such instruction is being given and no penalties as to graduation or credit shall result therefrom.<sup>133</sup>

This means that if, for some reason, a student's religion or personal moral code dictates that she not be present while information about PrEP is being discussed, she can be excused with no academic penalty. And while it is true that that may potentially mean that less students will receive this crucial knowledge, it is certainly better that some students learn about PrEP than none at all. Obtaining mandatory information about PrEP in the state's public schools will require legislative compromises if it is to become law, and this is one compromise that would hurt the overall goal of the legislation very little.

#### **E. The Second Component of the Proposed Legislation: Fighting the Stigma**

A comprehensive curriculum for HIV-prevention education in public schools cannot exclude information regarding PrEP, but neither can it fail to do its part in combatting the damaging stigma that has been and still is associated with HIV/AIDS diagnosis since the dawn of the epidemic.<sup>134</sup>

When actor Charlie Sheen came out to the public as HIV-positive, he stated in one interview: "It's a hard three letters to absorb."<sup>135</sup> Indeed, everyone who has ever been tested for the virus and received a positive diagnosis has had to absorb those three letters, a realization made all the more difficult by the stigma that plagues the disease, and by association, those who

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<sup>133</sup> *Id.*

<sup>134</sup> Clare Fogarty, *The Epidemic of the HIV/AIDS Stigma*, UNIVERSITY WIRE (Mar. 28, 2018, 8:10 PM), <https://search.proquest.com/central/printviewfile?accountid=13793>.

<sup>135</sup> *Id.*

contract it.<sup>136</sup> “Stigma is defined as any condition, attribute, trait, or behavior that is deeply discrediting and reduces the bearer from being a whole, normal person to a tainted and discounted one.”<sup>137</sup> “Three main types of stigma conceptualized in current HIV/AIDS psychosocial and behavioral studies include: enacted stigma (discrimination); felt normative stigma (perceived stigma); and internalized stigma.”<sup>138</sup>

This last type is especially prevalent.<sup>139</sup> According to a 2018 report published by the Centers for Disease Control and Prevention, nearly eight in ten HIV-positive people in the U.S. feel internalized stigma.<sup>140</sup> This refers to negative feelings, attitudes, and beliefs that the HIV-positive individual holds about herself.<sup>141</sup> For example, approximately one in four U.S. HIV-patients feel guilty or ashamed of their status, and nearly one in four “say that being HIV-positive makes them feel dirty or worthless.”<sup>142</sup>

It is not inaccurate to say that the stigma that attaches to HIV and AIDS is one often rooted in a ubiquitous fear of death, since in North America today, the virus continues to be associated with death, despite the fact that many who have it go on to lead full lives with lifespans comparable to those who are HIV-negative.<sup>143</sup> Studies have shown that stigma is prevalent where the stigmatized individual has a condition that is lethal and incurable.<sup>144</sup> Though advances in medicine have vastly improved both quality and quantity of life for HIV-positive

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<sup>136</sup> *Id.*

<sup>137</sup> Haochu Li, et al., *Effects of Multiple Types of Stigma on the Probability of HIV Disclosure to Sex Partners: A Systematic Review*, 13 SEXUAL HEALTH 516, 516-517 (2016) (discussing the definition of stigma).

<sup>138</sup> *Id.* at 517.

<sup>139</sup> NATIONAL CENTER FOR HIV/AIDS, INTERNALIZED HIV-RELATED STIGMA 1 (2018).

<sup>140</sup> *Id.*

<sup>141</sup> *Id.*

<sup>142</sup> *Id.*

<sup>143</sup> Fogarty, *supra* note 136.

<sup>144</sup> Gregory M. Herek, *Thinking about AIDS and Stigma: A Psychologist's Perspective*, 30 JOURNAL OF LAW, MEDICINE, AND ETHICS 595, 596 (2007) (discussing how internalized stigma impacts the lives of the HIV-positive community).

people, the fact remains that many do not have access to medication.<sup>145</sup> Even for those who do, the success rate for treatment is not one-hundred percent.<sup>146</sup> This, combined with the fact that there is still no HIV vaccine or cure for AIDS has led to the conclusion that “for the foreseeable future, most of the U.S. public will probably continue to perceive AIDS as invariably fatal.”<sup>147</sup> Because HIV causes AIDS and AIDS is lethal, the HIV-positive community will likely continue to suffer from the stigma intertwined with disease and death.

The stigma can also be understood as one deeply intertwined with taboo—specifically the taboos of drug addiction and homosexual sex.<sup>148</sup> Similarly, for some, the disease signifies moral fault on the part of the person affected.<sup>149</sup> Research shows that people who contracted AIDS through homosexual sex, unprotected sex with multiple partners, or sharing needles are subjected to scorn.<sup>150</sup> These behaviors are associated with immorality and personal fault, so a significant portion of the U.S. population feels that if such behaviors lead to HIV/AIDS, it is the actor’s own fault.<sup>151</sup> Because of the belief that the virus is brought on because of a person’s own moral failings, it is that much more difficult for a person who finds out he is HIV-positive to seek external support from friends and relatives regarding this life-altering diagnosis.<sup>152</sup> The individual may seek to avoid stigma by attempting to conceal her status, thereby “passing” as HIV-negative.<sup>153</sup> Passing, however, presents a host of psychological problems.<sup>154</sup> For instance, the passing person is riddled with anxiety that the “normal” HIV-negative people he interacts

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<sup>145</sup> *Id.*

<sup>146</sup> *Id.*

<sup>147</sup> *Id.*

<sup>148</sup> Fogarty, *supra* note 136.

<sup>149</sup> Fogarty, *supra* note 136.

<sup>150</sup> Herek, *supra* note 146.

<sup>151</sup> Herek, *supra* note 146.

<sup>152</sup> Fogarty, *supra* note 136.

<sup>153</sup> Herek, *supra* note 146 at 597.

<sup>154</sup> Herek, *supra* note 146 at 597.

with will discover his secret and shun him.<sup>155</sup> He may also find himself disempowered, as the keeping of the secret makes him beholden to those who know his status and who he depends on to cooperate in hiding it.<sup>156</sup>

If helping to improve the emotional and mental welfare of HIV-positive New Jersey citizens is not adequate justification for requiring public school teachers to combat stigma with their students, the following findings should be. Dr. Mark Wainberg, director of the McGill University AIDS Center confirms that the reason why so many individuals refuse to get tested is because of the stigma attached to the virus.<sup>157</sup> Furthermore, some studies show that in the United States, higher levels of perceived stigma led to less of a likelihood that the HIV-positive person would disclose her status to her sexual partner.<sup>158</sup> Convincing more people to get tested and making the results known to one's partner so that he can get tested if necessary are two crucial steps in the uphill battle of eradicating AIDS.<sup>159</sup> If stigma is preventing even some people from doing this, it is worth addressing in public school classrooms, where teachers and students can discuss the insidious role of stigma in HIV-positive people's lives, why it is wrong, and how it can be counteracted.

Sadly, there is a dearth of empirical data on which methods work best in reducing HIV stigma.<sup>160</sup> Nevertheless, the work must begin. Both components of the legislative proposal that is the subject of this note are geared toward lessening the stigma of HIV/AIDS in the state. Addressing preventive treatment and injustice will facilitate a dialogue between adolescents and

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<sup>155</sup> Herek, *supra* note 146 at 597.

<sup>156</sup> Herek, *supra* note 146 at 597.

<sup>157</sup> Fogarty, *supra* note 136.

<sup>158</sup> Herek, *supra* note 146 at 597.

<sup>159</sup> Herek, *supra* note 146 at 597.

<sup>160</sup> Herek, *supra* note 146 at 598.

adults who may not have discussed the matter otherwise. This discussion can and should spark greater understanding between HIV-positive and HIV-negative individuals. Hopefully, it will also turn hearts and minds away from the belief that HIV is morally reprehensible and blameworthy. In short, the goal is that a mandatory curriculum will help turn stigma into respect for the dignity of HIV-positive people.

### **III. Conclusion**

While the state of New Jersey has demonstrated steadfast commitment to combatting HIV/AIDS, it must take greater legislative steps to reduce new infections among its citizens. A more thorough and feasible plan is to mandate teaching about the HIV prevention drug PrEP in the state's public schools, a curriculum that should be accompanied by classes that address the stigma faced by those living with the virus. This strategy is a relatively simple legislative solution, but it has the potential to make a vast impact on HIV rates in the state.

Of course, if this proposal were adopted, a commission should be established that would document the real-world results of the new curriculum. Furthermore, every effort should be made by the state to ensure that those who learn about PrEP can access it if they so choose. This means ensuring that the teenagers who need PrEP are able to visit the doctor and to afford the medication. After all, learning about the medication is of little use if one cannot obtain its protective benefits.

Expanding the sex education programs of schools to include a place for PrEP and a discussion of how to fight the stigma associated with HIV/AIDS will not only benefit New Jersey's citizens, but it could inspire other states to adopt similar programs, as well. While helping to reduce new HIV infections among adolescents, the state could very well become a

model for the entire nation. If put into practice, the proposed legislation has the potential to improve the lives of many, who may never have to cope with the stress and health risks of living with HIV/AIDS because of the valuable information imparted to them at school.